

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D. S.	XXXXXX	27-00
O.I.P.E. CLASSIFIER	M.		1/22/00
FORMALITY REVIEW	JH	C:0243	3-22-00
RESPONSE FORMALITY REVIEW	JH	C:0243	3-9-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	6/10
Original	3/18
1	N
2	N
3	✓
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9	✓
10	N
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12	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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